

Introduction

It is estimated that in the United States, one in three older adults fall each year. About one-fourth of those who fall receive moderate to severe injuries which can lead to reduced mobility, reduced independence, increased admittance to long-term care facilities and premature death. Risks for falling include lower body weakness and problems with walking and balance. But, evidence indicates that muscle-strengthening exercises can reduce the risk of falling and fracturing bones and can improve the ability to live independently.

Physical activity can also help you to manage chronic diseases such as diabetes and arthritis, improve the quality of your sleep, and relieve symptoms of depression.

This diary is designed to help you monitor your physical activity and to guide you to participate in a healthier lifestyle. Do it for your health, be fit and fall proof!

Name: _____

Class Site: _____

Your Weekly Exercise Goals

_____Classes _____Miles _____Time

#1 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

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Get Up And Go Test

Time (in seconds) to complete the test _____

Fear of Falling Questionnaire

Please circle the number that best describes the degree to which you are afraid of falling.

Very Afraid		Somewhat Afraid		Not At All Afraid
1	2	3	4	5

Has fear of falling made you avoid any activities?

Yes No

If yes, what activities?



Fit and Fall Proof

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Your Weekly Exercise Goals

_____Classes _____Miles _____Time

#2 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

Fall Prevention

- Walk only in well-lighted rooms, stairs, and halls. Arrange furniture so you have a clear pathway between rooms.

Physical Activity

- If you've avoided becoming active because you're concerned that you're too old, or too frail, think again. Older people often get sick or become disabled not from exercise, but from inactivity. Physical activity has even been shown to improve chronic diseases and conditions such as arthritis and diabetes.

Nutrition

- Try eating meat and vegetables that are baked or broiled, instead of fried.

Fit and Fall Proof

Your Weekly Exercise Goals

_____Classes _____Miles _____Time

#3 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

Fall Prevention

- Place a slip-resistant rug adjacent to the bathtub for safe exit and entry. Use a rubber mat or place nonskid adhesive textured strips on the tub.



Physical Activity

- There are a lot of ways you can increase the number of steps you walk each day. You can walk the dog, take an evening walk after dinner, park further from the store and walk the extra distance, and take a walking break instead of a coffee break.

Nutrition

- Usually do cereal for breakfast? Slice a medium or half of a large banana on top. Like to microwave oatmeal? Add in a quarter cup of raisins or dried cranberries. Above all else, don't forget your morning juice.



Fit and Fall Proof

Your Weekly Exercise Goals

_____Classes _____Miles _____Time

#4 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

Fall Prevention

- Keep electric, appliance, and telephone cords out of walkways, but don't put cords under a rug. If necessary, rearrange furniture so that cords are not in walkways.

Physical Activity

- Do a few stretching or chair exercises while watching your favorite television program.

Nutrition

- Stock your freezer with 100% fruit juice Popsicles or place a 1/2-cup of berries, peaches, or other favorite fruit on low-fat frozen yogurt. Freeze some peaches and nectarines, they will make tasty "pick-me-up" snacks.

Fit and Fall Proof

Your Weekly Exercise Goals

_____ Classes _____ Miles _____ Time

#5 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

Fall Prevention

- Remove throw rugs from the kitchen floor. Immediately wipe up any liquids, grease, or food spilled on the floor.

Physical Activity

- You can build your endurance by engaging in activities such as swimming, dancing, and bicycling.

Nutrition

- Consider cooking canned or frozen peas or cauliflower in the microwave for a quick dinner side dish. Or, make a quick and delicious meal out of a microwave-cooked sweet potato with broccoli, cauliflower and some low-fat ranch dressing.



Fit and Fall Proof

Your Weekly Exercise Goals

_____Classes _____Miles _____Time

#6 Start Date:	Attended Exercise Class (X)	Took a Walk (X)	Other (X)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Did you fall this week: YES* / NO			

*If you fell, were you injured? Yes No

If yes, please list your injuries: _____

If yes, did you seek medical care: Yes No

If yes, from whom: _____

Fit and Fall Proof

Get Up And Go Test

Time (in seconds) to complete the test _____

Fear of Falling Questionnaire

Please circle the number that best describes the degree to which you are afraid of falling.

Very Afraid		Somewhat Afraid		Not At All Afraid
1	2	3	4	5

Has fear of falling made you avoid any activities?

Yes No

If yes, what activities?



Fit and Fall Proof

Congratulations!

You've made it through six weeks of exercise. Exercise becomes a habit after 30 days which means that you are well on your way to an active and healthier life. In addition to your scheduled exercise class, please consider trying the following activities:

- Beginning an exercise program is only half the challenge. To stick with it, schedule the activity just as you would any other appointment. Find a partner who will join you. Set goals, track your activities, and reward yourself when you reach a goal.
- Have a backup plan. If it's raining on the day you planned to walk, take a walk at the mall or in a large department store.
- Include the time you spent mowing the lawn when you add up your daily minutes of physical activity.
- Grab a can of food or bottle of water from the pantry and do some arm repetitions while talking on the phone.